		TE	•
Check the box next to the best description		~~(En.
of your cause of action. Choose only one:		Cm;	EIVED
		CLERK, U.S. DIST DISTRICT OF A MISSOUL	1. 50
Prisoner Civil Rights	П	Ole U.S.	1 2010
Non-Prisoner Civil Rights		RICT OIS	Rin
Personal Injury/Tort		MISSOL	ONT COUR
Tax Collection Practices		90/	A " ANA "AT
Employment Discrimination			
Other (specify)			
(5)	_		
IN THE UNITED ST	rates:	DISTRICT COURT	
FOR THE DIST	rict (OF MONTANA	
		DIVISION	
(You must fill in this blan	k. See Ins	struction 6.)	
1/ 1/ - 0		1	-
Keimit Ty Poulse	1m	Cause No. CV-10-100-m.	JE MOUD
	-	(to be filled in by Clerk	
(Tail and a self-initial district and a self-initial distr	· · · · · · · · · · · · · · · · · · ·		,
(Full name of Plaintiff and prisoner number	r, ii any)		
Plaintiffs,			
Flammis,		COMPLAINT	
		COMPLAINT	
vs.			
11	l	Jury Trial Demanded	
University of Mon	tina	Jury Trial Not Demanded	X
1/2 Wendy UC Camp	: 		,
10 octory oc camp			
(Full name of each defendant. Do not use	et. al.)		
Defendants.			
			
<u>INS'</u>	<u> FRUCTI</u>	<u>ONS</u>	
 Use this form to file a civil complaint w Montana. You may attach additional pa 			strict of
2. Your complaint must include only councitations.	s/causes o	of action and facts – not legal argum	ents or
		Complaint (Revise	ad 5/00)
Plaintiff's Last Name Pouls			1 of 7
1 mining a Lusi ivunie	<u>un</u>	ruge	x Of /

- 3. Your complaint must be typed or legibly handwritten. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). Each plaintiff must sign the complaint (see page 7). The signatures need not be notarized. However, each signature must be an original and not a copy. You must pay the Clerk for copies of your complaint or other court records, even if you are proceeding in forma pauperis. The cost for copies is \$0.50 per page and prepayment is required.
- 4. The filing fee for a complaint is \$350.00. The filing fee is set by Congress and cannot be changed by the Court. In addition, you will be required to pay the cost of serving the complaint on each of the defendants. If you are unable to prepay the entire filing fee and service costs for this action, you may move to proceed in forma pauperis. Your complaint will be returned to you without filing if it is not accompanied by either the full filing fee or a motion to proceed in forma pauperis. Please note that prisoners proceeding in forma pauperis are required to pay the full filing fee in installments.
- 5. Complaints submitted by persons proceeding in forma pauperis and complaints submitted by prisoners suing a governmental entity or employee are reviewed by the Court before the defendants are required to answer. See 28 U.S.C. §§ 1915(e)(2), 1915A(a); 42 U.S.C. § 1997e(c). After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention.
- 6. Pursuant to Standing Order DWM 27, "no prisoner may maintain more than two (2) civil actions in forma pauperis at one time, unless the prisoner shows that he or she is under imminent danger of serious physical injury."
- 7. The case caption (page 1 of this form) must indicate the proper Division for filing. A Division where the alleged wrong(s) occurred is a proper Division. When you have completed your complaint, mail the *original* of your complaint and either the full filing fee or your motion to proceed in forma pauperis to the proper Division:

Billings Division: Clerk of U.S. District Court, 316 N. 26th, Room 5405, Billings, MT 59101 (Big Horn, Carbon, Carter, Custer, Dawson, Fallon, Garfield, Golden Valley, McCone, Musselshell, Park, Petroleum, Powder River, Prairie, Richland, Rosebud, Stillwater, Sweetgrass, Treasure, Wheatland, Wibaux or Yellowstone County)

Butte Division: Clerk of U.S. District Court, 400 N. Main St., Federal Bldg. Rm. 303, Butte, MT 59701

(Beaverhead, Deer Lodge, Gallatin, Madison, or Silver Bow County)

	\circ	Complaint (Revised 5/09)
Plaintiff's Last Name	Poulson	<i>Page 2 of 7</i>

Great Falls Division:			215 1st Ave. North, P.O. Box 2186,	Great
Falls, MT 59403 (Blaine, Cascade, Chouteau, Daniels, Fergus, Glacier, Hill, Judith Basin, Liberty, Phillips, Pondera, Roosevelt, Sheridan, Teton, Toole, or Valley				
	County)	•		, and
	Crossroads	Correctional Co	enter is located in Toole County	
Helena Division:	Clerk of U.S. District Court, 901 Front St., Ste 2100, Helena, MT 59626 (Broadwater, Jefferson, Lewis & Clark, Meagher, or Powell County) Montana State Prison is located in Powell County			
Missoula Division:	Clerk of the U.S. District Court, 201 E. Broadway, P.O. Box 8537, Missoula, MT 59807 (Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Ravalli, or Sanders County)			
		COMPL	AINT	
	I. PI	LACE OF CO	NFINEMENT	
A. Are you incarce	erated?	Yes □	No (if No, go to Part	t II)
B. If yes, where ar	e you curre	ently incarcerat	ed?	
C. If any of the inc facility, list that	-	ing rise to your	complaint occurred in a different	ent
II. EX	HAUSTIO	N OF ADMIN	IISTRATIVE REMEDIES	
A. Non-Prisoners				
·			is complaint require you to exh in court? Yes 🗆 No 💢 Don't F	
2. If yes, have	you exhaus	sted your admir	nistrative remedies? Yes	No □
Plaintiff's Last Name	P	onlson	Complaint (Revi. 	ised 5/09) e 3 of 7

B. Prisoners (If y	you listed other institutions in I.C at	oove, please answer f	or each inst	itution).
1. Is there a g	rievance procedure in your cu	rrent institution?	Yes □	No □
	lly exhaust the administrative ere the incidents at issue occur			
3. If you did	not fully exhaust the grievance	e process, explain	why:	
	III. PARTIES TO CURRI	ENT LAWSUIT		
A. Plaintiff <u>K</u>	cmi+ T. Poulscis a citizer	of Mina (State)	lana.	<u> </u>
presently residing	g at 535 Ryman . (Mailing address or p			*
l B. Defendant <u>Ü</u>	(Mailing address or powerly, UC Campus niversity of m) is a citizen of the control of the contro	BINS. Man	tena	<u> </u>
empioyed as <u>Ογ</u> (Pos	ition and Title, if any)	(Institution/O	oula, K	217
Defendant	is a citizen	of		
employed as		(State) (Institution/O	*	
		,	_	
employed as	is a citizen	(State)		
(Pos	atatition and Title, if any)	(Institution/O	rganizatio	m)
(NOTE: If more space "APPENDIX A: PAR	ee is needed to furnish the above inform RTIES").	nation, continue on a b	olank sheet la	beled
Plaintiff's Last Nam	e Poulson	Con	ıplaint (Revi Pag	sed 5/09) ge 4 of 7

IV. STATEMENT OF CLAIMS

A. Count I (State your cause of action, e.g., how have your constitutional rights been violated):
Service Dog Finterference.
Disability Rights Violation.
Date of incident(s): Aug 25th 2010.
1. Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. State the facts clearly in your own words without citing legal arguments, cases, or statutes). Aug 25th 2010 ~ UC Campus Bldg. Wendy.
Deposted me verbally violatins my Pisht
to persue Happiness, and also interferred with
Service Dos by Yelling "get your pet" out of
the Hilding, Service Dogs are working Animals,
not pets. She violated montana state code
Annotated to Service Dogs. 2. Defendants Involved: (List the name of each defendant involved in this claim and specifically describe what each defendant did or did not do to allegedly cause your injury). Myself-I witnessed Wendy and Co-worker
Accost no, publically Humiliate mo Scare
my service Dos, interfere with Service Dos,
and my service dog ran inter a rail, cut
my Hands, and was emotionally upced from Bulligerance From DK campus, employees
(NOTE: For each additional claim, use a blank sheet labeled "APPENDIX B. STATEMENT OF CLAIMS." You must set forth two paragraphs for each count, one consisting of Supporting Facts (following the directions under IV(A)(1)), and one consisting of Defendants Involved (following the directions under IV(A)(2)).

Plaintiff's Last Name _____ Poulson

Complaint (Revised 5/09)

Page 5 of 7

V. INJURY

actions. (Do no cite legal arguments, cases, or statutes).
Violation - Interference with a Service Dos
causes my Doz to react and pull
Me out of chair, as not a boy
Orders when yelled @ by People, Injured
my Hands, I am a musician cut my
Hands, Rammed Hand inde rail Dog is
unfettered when Decosted Vilberly and
does not work well when selosted,
Molated my constitutional freedoms
(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX C: INJURY").
VII. DECLIDED DEL VEE
VI. REQUEST FOR RELIEF
Describe the relief you request. (Do no cite legal arguments, cases, or statutes).
Describe the relief you request. (Do no cite legal arguments, cases, or statutes). Seele Hue Minimum & 50,000. Do fur
Describe the relief you request. (Do no cite legal arguments, cases, or statutes). Seele the minimum \$ 50,000.00 for Violetion, and Maximum of \$ 150,000,00
Describe the relief you request. (Do no cite legal arguments, cases, or statutes). Seek the minimum \$50,000.00 for Violetion and maximum of \$150,000,00 would like full twition paid for by
Describe the relief you request. (Do no cite legal arguments, cases, or statutes). Seek the minimum \$50,000.00 for Violetion and Maximum of \$150,000,00 Would like full twition paid for by
Describe the relief you request. (Do no cite legal arguments, cases, or statutes). Seek the minimum & 50,000,00 for Violation and maximum of & 150,000,00 Would like full trition paid for by University, or that equalling 450,000. or
Describe the relief you request. (Do no cite legal arguments, cases, or statutes). Seek the minimum & 50,000,00 for Violation and maximum of & 150,000,00 Would like full trition paid for by University, or that equalling 450,000. or
Describe the relief you request. (Do no cite legal arguments, cases, or statutes). Seek the minimum & 50,000,00 for Violation and maximum of & 150,000,00 Would like full trition paid for by University, or that equalling 450,000. or
Describe the relief you request. (Do no cite legal arguments, cases, or statutes). Seek the minimum \$50,000.00 for Violation, and Maximum of \$150,000,00 Would like full twition paid for by University, or that equalling \$50,000. or Also would like recognition of Dignity, and toll Apology from Pres Staff, etc. (NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled

VII. PLAINTIFF'S DECLARATION

- A. I understand I must keep the Court informed of my current mailing address and my failure to do so may result in dismissal of this Complaint without notice to me.
- B. I understand the Federal Rules of Civil Procedure <u>prohibit</u> litigants filing civil complaints from using certain information in documents submitted to the Court. In order to comply with these rules, I understand that:
 - social security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g. xxx-xx-5271, xx-xxx5271, xxxxxxxx3567);
 - birth dates must include the year of birth only (e.g. xx/xx/2001); and
 - names of persons under the age of 18 must include initials only (e.g. L.K.).

If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court.

I understand I am responsible for protecting the privacy of this information

- C. I declare under penalty of perjury that I am the plaintiff in this action, I have read this complaint, and the information I set forth herein is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.
- D. (Prisoners Only) This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on

		_, 20
	or Broad	way
Executed at	Kuzself smith on Dept 1	
	(Location) (Date)	0
		\mathcal{D}
	Jen J'an	
	Signature of Plaintiff	-

(If there is more than one Plaintiff, each Plaintiff must sign the complaint using a separate declarations page).

		Complaint (Revised 5/09)
Plaintiff's Last Name	Parson	Page 7 of 7